

# Sheriff

(352) 793-0222



WILLIAM O. "BILL" FARMER, JR. –

SUMTER COUNTY

MEMBER, FLORIDA SHERIFFS ASSOCIATION  
1010 NORTH MAIN STREET  
BUSHNELL, FLORIDA 33513

January 12, 2011



Honorable Don Burgess, Chairman  
Sumter County Board of County Commissioners  
7375 Powell Road  
Wildwood, FL 34785

Chairman Burgess:

Please find enclosed the inspection of the Medical Department for the Sumter County Detention Center. This inspection was conducted on December 13, 2010 by the medical inspector with the Florida Model Jail Standards Peer Review Inspection Team.

The inspector found the Medical Department to be in full compliance. However, the inspector made some notations regarding paperwork. Corrections have been made concerning these notations. It was also suggested that the Medical Department conduct quarterly meetings with the Medical Staff. This will be accomplished.

The Medical Staff at the jail does an outstanding job in providing the medical attention needed by the inmates.

Sincerely,

A handwritten signature in black ink, appearing to read "Reace Thompson".

Lieutenant Reace Thompson, III  
Assistant Jail Administrator  
Sumter County Detention Center

Copy To:

Comms	_____	Pub Wks Div	_____
Co Atty	_____	Bldg & Dev Div	_____
Co Fin	_____	Admin Div	_____
Other	_____	Com Svcs Div	_____

## APPENDIX D

### FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT

#### Part I – Facility Identification

Name of Facility: Sumter County Detention Center

Facility Type: Jail

Mailing Address: 1010 North Main St.

City: Bushnell County: Sumter Phone: 352-793-0222

Agency Head: Bill farmer Facility Administrator: Steve Benniger

Chairperson – County Commission: Don Burgess

Date and time of Inspection: 12/13/10 0900

Date of Last Inspection: \_\_\_\_\_

Health Care Services Provided By: Agency Staff ☒ Contract ☒

If Provided By Contract, Company Name: Langley Medical

Health Services Administrator: Juddy Robbins, RN supervisor

Medical Inspector(s) and Agency: \_\_\_\_\_

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Loretha D. Tolbert-Rich, Medical Liaison, Marion County Sheriff's Office

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Facility Population on Date of Inspection: 231

Health Services Staff:	Males	Females
Physicians	<u>1</u>	<u>2</u>
ARNP/PA	<u>1</u>	<u>0</u>
RNs	<u>1</u>	<u>0</u>
LPNs	<u>3</u>	<u>0</u>
CNAs	<u>1 MA</u>	<u>0</u>
EMTs	<u>0</u>	<u>0</u>
Other Staff	<u>0</u>	<u>1</u>
<b>TOTALS</b>	<u>7</u>	<u>2</u>

## PART II - MEDICAL SECTION

**Note:** A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

	YES	NO	N/A
1. Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section? Sec.7.01 & 7.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there standard operating procedures for the medical section, which is reviewed at least annually by the Health Authority that covers:			
a. Medical screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health appraisal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Necessary medical, mental, and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency medical and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Notification of next of kin in case of life threatening illness, injury, or death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prenatal care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Delousing procedures, approved by the Health Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Detox procedures under medical supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Control of pharmaceuticals in compliance with FSS 893	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Procedures for the facility physician to review health appraisals and identify problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Comprehensive quality improvement system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the screening at receiving consist of, at a minimum, a visual observation by staff and completion of a screening form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the screening include inquiry into and logging of: Sec. 7.03			
a. Current illnesses and health problems, including any infectious diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medications being taken and special health needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior condition such as mental state	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Notation of observable deformities or injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Skin and body condition, such as rashes, needle marks, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inquiry into drug and alcohol use, method, and amount	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
g. Any other health problem as designated by medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are medical records maintained on each admitted for at least seven years following release, transfer or death? (Records may be maintained in hard copy or electronic format.) Sec. 7.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each inmate given a health appraisal, including physical hands on examination by appropriately trained medical personnel within 14 days of admission? Sec. 7.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Health Authority proscribe the extent of the examination, but include as a minimum: (Sec. 7.05)			
a. Review of screening forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collection of additional for medical, dental, and psychiatric and immunizations histories including gynecological histories for females	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Laboratory or diagnostic tests as deemed necessary by the Health Authority to detect communicable diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recording of height, weight, pulse, blood pressure, and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other tests or exams as deemed appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical examinations with comments about mental and dental status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Review of all results by a physician when required by Section 7.02 (j) of this standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the form used for the health appraisal approved by the Health Authority? (Sec. 7.05 (h))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the facility have an agreement or understanding with one or more health care providers for emergency or regular medical services within the facility or at a designated location? Sec. 7.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Sec. 7.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <b><i>Are first aid supplies, as designated by the Health Authority, readily available in the facility at all times? Sec. 7.08</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <b><i>Are personnel trained in first aid on duty at all times as required by FSS 943? Sec. 7.08</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
13.	Does the Health Authority or designee inspect all first aid supplies monthly? Sec. 7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is a procedure established and maintained that allows for inmates to submit a written request for medical care which may or may not require a clinical visit? Sec. 7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are all such medical requests screened daily by designated medical personnel who will make appropriate referrals? Sec. 7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are all requests received during formal sick call or medication rounds screened and referred when received? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is a sick call procedure established and maintained for inmates to report for and receive appropriate medical services for non- emergency illness or injury? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is a sick call procedure made available daily and supervised by the Health Authority? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Sec. 7.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the facility have an agreement or understanding with a licensed dentist to provide emergency dental care? Sec. 7.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are medications administered according to the directions of a designated physician? 7.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility and written approval of the inmate? Sec. 7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Are inmates who are admitted under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time? Sec. 7.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Unless authorized in writing by the Health Authority or designee, inmates determined by medical to have suicidal tendencies or suffer from seizures are assigned to quarters that have close supervision or direct observation? Sec. 7.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are certificates and licenses of facility medical staff kept on file at a central location within the facility? Sec. 7.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with guidelines established by the Center for Disease Control? Sec. 7.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are inmates test results confidential and shared only with those that have a need to know? Sec. 7.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
28.	Are inmate test results exempt from public records law, FSS 119? Sec. 7.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is inmate test results part of the inmate's permanent medical record? Sec. 7.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Upon transferring an inmate to another facility, does a summary or a copy of the inmate's medical file accompany the inmate to the receiving facility? Are the medical records sealed in an envelope marked "Confidential Health Information"? Sec. 7.16 & 7.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Do pregnant inmates receive prenatal care and necessary treatment for their condition and exempt from inappropriate work details as determined by medical personnel? Sec. 7.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	When an inmate is confined for medical reasons, is he/she examined by a physician or designee within 48 hours? Sec. 7.26 (1).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Does a physician or designee determine when an inmate is to be removed from medical isolation? Sec. 7.26 (2).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments (Add additional sheets as appropriate.)**

#2a - Electronic medical screening

#6 - Health appraisals present, but incomplete

#20 - Dental provided by Mid-America Healthcare

#21 - Medication Administration Records present but blank spaces on the MAR

#31 - Prenatal care provided by the Sumter County Health Department

Medical staff present from 0300 to 2022 Monday thru Friday and 0300 to 1800 weekends

#2I - Quality Management program in place but not comprehensive

### PART III - PHARMACY – LICENSING AND INSPECTION

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 32. Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked? Sec. 7.27.01. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Does the facility have procedures relating to safe handling and storage of medical drugs? Sec. 7.27.01.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Comments (Add additional sheets as appropriate.)

#32 - Pharmaceutical services provided by Correct Rx and Langley Medical

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## PART IV - STORAGE AND HANDLING OF INDIVIDUAL PRESCRIPTIONS

	YES	NO	N/A
34. Does the policy and procedure for each facility, which maintains only individual prescriptions, include as a minimum: Sec. 7.28.01 & 02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Prescription drugs that are not ordered or stocked in bulk quantities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual prescriptions that are labeled with:			
1) Name and address of pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Date of dispensing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Name of prescribing practitioner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Name of patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Directions for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Necessary warning statements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are all medications, individual prescriptions, bulk over-the-counter medications, needles and syringes kept in a locked area, except when being dispensed? Sec. 7.28.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is a log recording the issuance of prescribed medication maintained and made part of the inmate's file? Sec. 7.28.04.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the log contain at a minimum: Sec. 7.28.05			
a. Name and number of the inmate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Direction for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and time of issue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Initials of issuing personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Amount of medication used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special instructions or limitations on use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When the inmate refuses medication, is the word "refused" written in the amounts issued column?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is unused medication stored in a separate container labeled with: Sec. 7.28.07			
a. Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO	N/A
b. Name of issuing pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quantity of unused medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is unused medication, controlled or non-controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 21s-19.00, Florida Administrative Code, Methods of Destruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. When the inmate is transferred or released, are at least three (3) days of medications issued, unless otherwise directed by the facility physician? Sec. 7.28.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When an inmate being released refuses medication, is the word "refused" entered into the amount issued column? Sec. 7.28.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does medication requiring refrigeration comply with HRS Chapter 10-D which requires: Sec. 7.28.10			
a. Drugs and non-prescription medication shall be refrigerated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a general use refrigerator is used, all medication shall be kept in a separate, covered, waterproofed labeled receptacles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The refrigerator shall be maintained between 39 degrees Fahrenheit and 46 degrees Fahrenheit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments (Add additional sheets as appropriate.)**

#35 - Blank spaces on the sharps count log

#36 - Blank spaces on the MARs

#40 - Medications destroyed by Pharmalink services